# Poway Adult School
# Request for High School Diploma Transcript

PLEASE PRINT CLEARLY

Select One:

☐ Official High School Diploma Transcript
☐ Unofficial High School Diploma Transcript

Your Last Name _____ First Name _____ Middle _____ Maiden or other Names _____

Your Current Address: _____
Street Number/Street Name/ Unit Number / or PO Box

City _____ State _____ Zip Code _____

Telephone _____ (Area Code) _____ (Telephone Number)

Alternate Phone _____

Date of Birth _____ (Month) _____ (Day) _____ (Year)

Approximate Dates of Attendance _____ (Month/Year – Month/Year)

PLEASE SEND THE RECORDS TO:

_____
NAME OF PERSON/SCHOOL/ORGANIZATION

_____
STREET ADDRESS

CITY _____ STATE _____ ZIP CODE _____

Date of Request: _____ Signature: _____

- ✓ A valid picture I.D. must be provided when requesting and picking up transcript
- ✓ Please allow 2-5 days for transcript processing.
- ✓ Questions? Please call 858-668-4012

**Submit Request to:**
Poway Adult School
attn.: Counseling Assistant
13626 Twin Peaks Road
Poway, CA 92064

**or**

**FAX:**
858-748-7423

**FOR OFFICE USE ONLY:**

Date_____ Initials_____ Identification Verified_____